Department of Mental Health
Inpatient Licensing Division
Bulletin #22-01
January 10, 2022

Clinical Competencies/Operational Standards Related to Infection Control in Response to the COVID-19 Pandemic

This DMH Licensing Bulletin replaces DMH Licensing Bulletin #20-05R and all attachments related to Tier 1 and Tier 2 Facilities

The Massachusetts Department of Mental Health (DMH) continues to work with our state and local partners to address Coronavirus Disease 2019 (COVID-19), caused by the virus SARS-CoV-2, and we continue to appreciate the essential role you have in responding to this evolving situation. We recognize that providing care for individuals seeking inpatient psychiatric treatment who test positive for COVID-19 may prove to be especially challenging for mental health care practitioners and facilities. In consideration of continued increasing indicators of community transmission including emergence of the Omicron variant of SARS-CoV2, DMH is issuing this revised bulletin to licensed facilities for admitting and caring for patients with presumed or confirmed COVID-19 to help mitigate the spread of COVID-19. The information in this bulletin is intended to complement each hospital's internal infection control expertise. This update replaces the September 1, 2020 version and incorporates new isolation and quarantine guidance.

A. <u>Screening of all Individuals:</u>
    1. DMH-Licensed facilities should be screening all individuals entering the facility, including healthcare personnel and visitors, for symptoms. In accordance with previously issued guidance, every facility must establish a process to ensure everyone arriving at the facility is assessed for symptoms of COVID-19 (cough, shortness of breath, or sore throat, myalgia, chills, or new onset loss of smell or taste and a fever), and exposure to others with suspected or confirmed COVID-19 infection. Please note that runny nose, sore throat, and headache have been identified as more common symptoms in individuals infected with the Omicron variant. Options include (but are not limited to): individual screening on arrival at the facility; or implementing an electronic monitoring system in which, prior to arrival at the facility, people report absence of fever and symptoms of COVID-19, absence of a diagnosis of COVID-19 infection in the prior 5 days and confirm they do not meet the criteria for quarantine following exposure to a confirmed case of COVID-19. If an individual screens positively for symptoms, has a positive test within 5 days or meets criteria for quarantine, then they must not be allowed to enter the facility. Any visitor who had a diagnosis of COVID-19 in the prior 10 days must have been diagnosed at least 5 days prior to visiting

the facility, be able to wear a facemask at all times, and should be strongly encouraged to test prior to entering.

2. Follow current visitor guidelines located at: https://www.mass.gov/doc/hospital-visitation-guidance-july-22-2021/download
3. To augment in-person visitation, the hospital/unit should also offer a device to facilitate virtual visiting or allow patients to use their own electronic devices for this purpose, unless a clinical assessment deems them unable to safely use devices.
4. Any healthcare personnel who had a diagnosis of COVID-19 infection in the prior 10 days must meet the return to work criteria outlined here: https://www.mass.gov/doc/isolation-and-quarantine-guidance-for-health-care-personnel/download
    i. Note that at this time, healthcare personnel working in acute care psychiatric hospitals/units, whether freestanding or within general hospitals are considered to be working in acute-care hospitals.
5. If hospital personnel were screened at the beginning of their shift and must then leave the facility and return during that shift, they do not need to be rescreened upon re-entry to the facility.

B. Facility Requirements:

1. Ensure all staff always wear face masks. Full PPE, including N95 respirator or alternative, eye protection, gloves, and gown, should be worn per DPH and CDC guidelines for the care of any patient with known or suspected COVID-19. Department of Public Health Comprehensive PPE guidance may be found here: https://www.mass.gov/info-details/ppe-testing-and-vaccine-supply-resources-during-covid-19#personal-protective-equipment-(ppe)-during-covid-19-
2. Staff should be able to demonstrate proper donning, doffing, and disposal of any PPE on a routine basis to designated infection prevention leads. See https://www.cdc.gov/coronavirus/2019-ncov/downloads/A_FS_HCP_COVID19_PPE.pdf
3. Ensure all staff can recognize the signs and symptoms of COVID-19 and that a procedure is in place for alerting the nurse responsible for the patient's care..
4. Promote physical distancing and avoid congregating of patients and staff.
5. Promote frequent hand hygiene and covering coughs and sneezes. Post visual alerts (e.g., signs, posters) at entrances and in strategic places providing instruction on hand hygiene, respiratory hygiene, and cough etiquette.
6. Minimize patient sharing or simultaneous use of bathrooms/shower areas.
7. Ensure all patients are clinically assessed for safety in wearing masks. Patients who are safely able to do so should wear face masks when they are outside of their rooms and if necessary, have adjustment made for safety such as removing metal clips if self-injury is likely. Hospitals can purchase facemasks that are appropriate for patients with self-injury behaviors.
8. Patients should be asked about COVID-19 symptoms and must have their temperatures checked a minimum of one time per day. On unit(s) conducting outbreak testing, a hospital/unit should assess patients for symptoms of COVID-19 during each shift.

Additional checks should be done based on clinical judgement or when ordered by a licensed independent provider.

9. Transfers of patients from one acute psychiatric inpatient unit to another is allowed in limited instances in accordance with consultation from the hospital's internal infection control team and/or DPH epidemiology department. DMH should be notified when this occurs but approval is not required.
10. Isolate any patients who have new signs of COVID-19 and test them, even if they have had a prior negative COVID-19 test. If the facility does not have access to point of care COVID-19 testing then they can request BinaxNOW test kits through the Commonwealth: https://www.mass.gov/doc/binaxnow-rapid-point-of-care-covid-19-testing-for-community-health-center-and-community/download
11. Conduct facility and unit cleaning via a standardized protocol for housekeeping, with an emphasis on high touch areas such as door handles. Full description is provided of CDC recommended cleaning and disinfecting procedures: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html
    a. Refer to List N on the EPA website for EPA-registered disinfectants that kill SARS-CoV-2.
    b. Once the patient has been discharged or transferred, HCP, including environmental services personnel, should refrain from entering the vacated room until sufficient time has elapsed for enough air changes to remove potentially infectious particles [see https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html#tableb1]
    c. After this time has elapsed, the room should undergo appropriate cleaning and surface disinfection before it is returned to routine use.
    d. Facility and unit cleaning should also include patient bathrooms and staff restrooms. Shared bathrooms should receive even more frequent cleaning and may require monitoring of use to determine the frequency of cleanings.
12. Determine the best estimate for the amount of needed PPE, monitor PPE supplies, and have a procedure for obtaining additional PPE when needed.
    The CDC provides a PPE burn rate calculator to assist with more accurately determining ongoing PPE needs: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html
13. Establish presumed negative COVID-19 and quarantine rooms within the facility with clear criteria for entry into that space and for movement between rooms, as described in Section D.
14. Establish a procedure for COVID-19 testing, including if necessary, an established relationship with a provider for sample collection, testing, and provision of results. Testing should be completed in the following situations:
    a. For all patients upon admission. If possible, the referral source should test any patient for COVID-19 prior to admission to an inpatient psychiatric facility. After accepting a referral, a facility must admit an asymptomatic patient with no known exposure to COVID-19 as soon as possible and no later than within six hours.

b. For any patient or staff who displays COVID-19 symptoms.
c. For any patients and staff who were exposed to any patient or staff confirmed to be infected with COVID-19, consulting with the internal infection control specialist or DPH epidemiologist line to determine the level of exposure and corresponding appropriate testing of staff and patients; and
d. Otherwise when deemed clinically appropriate.
    i. If the test results are negative for COVID-19, the patient may enter the presumed negative COVID-19 area, beginning symptom checks, at least once per shift.
    ii. If the test results are positive for COVID-19, the patient should remain in the quarantine area. The facility should refer to the guidelines outlined in Section E.1 below.

15. Patients unwilling or unable to be tested for COVID-19 should be assessed for signs and symptoms of COVID-19 and for any exposure while continuing efforts to encourage patients to allow testing for their own and others' safety. If the patient does not have any signs or symptoms of COVID-19 and no known exposure, then they should be treated as presumed COVID-19 negative.
16. DMH COVID Bulletin 20-03 provides guidance on isolation of patients confirmed or presumed to be positive for COVID-19.
17. Establish a relationship with a medical hospital for consultation, coordination of care, and to facilitate transfer of patients requiring more intensive medical care. Consultation should include the ability to discuss cases, provide the latest guidance, and triage transfer requests with the medical hospital, thereby increasing appropriate transfers and minimizing unnecessary transfers. Recommended consultation would also include psychiatric consult liaison work with the medical facility via telehealth, providing clinical support and psychiatric specialty services to the patient while in the medical setting.
18. Ensure ongoing consultation with an internal infection control specialist and/or epidemiologist. If the hospital does not have access internally, arrange this through the consultative medical hospital or through a separate source.
19. When a patient is transferred to a medical hospital for evaluation and care of any condition, including but not limited to COVID-19, the inpatient psychiatric facility must accept the patient's return when medical hospital level of care is no longer required.
20. If any staff member or patient tests positive for COVID-19, and the hospital does not have an internal infection control specialist consult with DPH Epidemiologist line 617-983-6800, or the local Board of Health (depending upon hospital location to determine best course of action, including how to manage admissions.) Consultation with additional infection control specialists may also be required.
21. Patients who are exposed and are ready for discharge home may do so with instructions for self-quarantine at home. Isolation and Quarantine Guidance for the General Public | Mass.gov

C. Frontline Staffing:

Unless otherwise specified, "staff" in this section refers to frontline clinical staff. All inpatient psychiatric facilities shall:

1. Create a back-up plan for staff shortages in the event that multiple staff members need to isolate and remain out of work as a result of testing positive for or becoming symptomatic for COVID-19.
2. Whenever possible, create separate staffing teams that are dedicated for patients that are COVID-19-positive within the same shift. Exercise consistent assignments of staff to patients regardless of symptoms or COVID-19 status. This practice can help with detection of emerging condition changes. In the event that staffing is not adequate to field completely separate teams, maximal efforts must be made to keep as many staff as possible on a team. If staff need to care for patients across care areas then inpatient psychiatric facilities must require that staff change recommended PPE between caring for different patients, in line with the most recent DPH PPE guidance and perform hand hygiene.
    a. If full separation of staffing teams is not feasible for a facility, the maximum execution of this is still expected (i.e., an approach that minimizes overlapping staff must be conscientiously implemented).
3. Limit all workforce, not just frontline clinical staff, interactions with patients who are presumed or confirmed to be infected with COVID-19 to the extent possible.

D. Dedicated Quarantine or Isolation Area

All inpatient psychiatric facilities shall:

1. Identify a dedicated area where patients can be separated from the rest of the patients if they begin to exhibit symptoms consistent with COVID-19 or are identified as having been exposed to COVID-19. This area may be a specific room on the unit or section of the unit. Patients who have completed their primary series (14 days or more since their final dose in the vaccine series) and have received their booster dose do not need to quarantine if they are asymptomatic and have been exposed.
2. Patients in the quarantine or isolation area should wear masks at all times, especially when out of their room.
3. Encourage patients to stay in room, maintaining the ordered level of patient safety checks or observation.
4. Minimize staff coming into and out of the dedicated quarantine or isolation area.
5. Have no face-to-face group treatment in the quarantine area, due to the uncertainty of patients' COVID-19 diagnosis.
6. Encourage and facilitate telemedicine for provision of care to the extent possible.
7. Provide patient meals in rooms, in the quarantine or isolation area. Each patient needs to be assessed to determine if they are safe to use disposable utensils.
8. Ensure supplemental oxygen is available if needed to maintain saturation above 92% unless otherwise medically indicated for any patient while awaiting transfer to a medical service for a change in respiratory status.

E. Clinical Management:

1. Suspected, Presumed, or Confirmed Cases of COVID-19

For suspected, presumed, or confirmed cases of COVID-19, an inpatient psychiatric facility shall:

a. Immediately move any patient who develops signs or symptoms of COVID-19 or who has had a COVID-19 exposure or is otherwise suspected to be infected with COVID-19, to the quarantine or isolation area. The patient should wear a mask for ten days following their exposure and remain in the quarantine or isolation area for five days following exposure. Patients who are confirmed to be infected with COVID-19 should be placed in an area that is separate from any patients whose COVID-19 status is not confirmed. Patients who are confirmed to be infected with COVID-19 may be cohorted together.

b. For patients who are confirmed to be infected with COVID-19, keep the door to the room closed, as able. If a patient refuses to remain in the room, locked door/staff secure seclusion may be considered in a manner consistent with (20-03) https://www.mass.gov/doc/dmh-licensing-bulletin-20-03-admission-and-treatment/download

c. If unable to provide the appropriate level of medical care required by patient, immediately initiate a transfer to a medical facility for evaluation

d. If able to provide the appropriate level of medical care required by patient, initiate testing if patient has not already tested positive and have patient remain in quarantine or isolation space.

e. A patient may be transferred back to the general unit after 5 days since symptoms first appeared (or when positive swab was obtained) and 24 hours with no or improving symptoms, including being afebrile without antipyretic use. The patient should continue to wear a face mask while near to others until after Day 10. If the patient cannot wear a face mask then they should remain in isolation for an additional 5 days.

2. COVID-19 Clearance from Isolation and Transmission-Based Precautions

Individuals who previously tested positive for COVID-19 and were either symptomatic or asymptomatic and have recovered per symptoms and time course are considered to not be infectious and no longer require transmission–based precautions using a symptom-based strategy (https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html : Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings).

a. Symptomatic COVID-19 Infection:

i. Will be considered clear based on severity of COVID-19 illness and the following criteria:

- At least 5 days have passed since symptoms first appeared AND
- At least 24 hours have passed since last fever without the use of fever-reducing medications AND
- Symptoms (e.g. cough, shortness of breath) have significantly improved

ii. Regarding even more severe COVID-19 infections with persisting symptoms, the referring center should obtain consultation with an infection disease expert for guidance on clearance to release from transmission-based precautions.
iii. No repeat COVID-19 testing should be required for transfer after having met the criteria above, for 90 days from the start of index infection or first known test positive for COVID-19, if that positive test was on 12/15/21 or later.
iv. Should new onset of symptoms occur during this timeframe, the inpatient psychiatric facility should perform a COVID-19 test and obtain consultation with an infection disease expert for guidance

b. Asymptomatic with COVID-19 Positive test results.
i. At least 5 days have passed since the first COVID-19 positive test
ii. Individual remains asymptomatic throughout the time since first positive COVID-19 test
iii. No repeat COVID-19 testing should be required for transfer after having met the criteria above, for 90 days from the date of the first known test positive for COVID-19, if that positive test was on 12/15/21 or later.
iv. Should new onset of symptoms occur during this timeframe, the inpatient psychiatric facility should obtain a COVID-19 test or have obtain consultation with an infection disease expert for guidance
v. If the individual remains recovered but shows positivity on COVID-19 test taken >90 days after recovery while remaining recovered, the referring center should obtain consultation with an infection disease expert for guidance on clearance for transfer

c. Immunocompromised individuals—consultation with infection disease expert should be obtained for clearance to release from transmission-based precautions.

Each facility shall ensure that all staff designated to provide the listed services receive education and demonstrate competencies (i.e., upon hire, as needed, and/or annually) that are consistent with their role in patient care regarding the above competencies. Each facility shall further ensure that medical and nursing care staff are trained in and can demonstrate knowledge of the facility's policy or plan for securing the resources necessary to provide the listed services and to provide just-in-time training to all staff who will provide care to the patient being admitted.

A facility with available beds may deny admission to a patient whose needs have been determined by the facility medical director, or the medical director's physician designee when unavailable* to exceed the facility's capability at the time admission is sought. The medical director's determination must be written, and include the factors justifying the denial and why mitigating efforts, such as utilization of additional staff, would have been inadequate. [See DMH Bulletin 18-01]

All inpatient psychiatric facilities should monitor the Centers for Medicare & Medicaid Services (CMS), the Centers for Disease Control and Prevention (CDC), Department of Mental Health (DMH), Department of Public Health (DPH) and MassHealth websites for up-to-date information and resources:

CMS website: https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page

CDC website: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html

https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html

DMH LICENSED FACILITY BULLETIN 20-03 MAY 1, 2020: Admission and Treatment of Patients with COVID-19: https://www.mass.gov/doc/dmh-licensing-bulletin-20-03-admission-and-treatment/download

DPH's website provides up-to-date information on COVID-19 in Massachusetts: https://www.mass.gov/2019coronavirus.

MassHealth's website provides COVID-19 related information for MassHealth providers: https://www.mass.gov/info-details/masshealth-coronavirus-disease-2019-covid-19-providers

* The medical director's physician designee must be a physician who is vested with the full range of the medical director's authority and responsibility in the medical director's absence.